

Name  
in  
Full

Thomas Ashley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	McLinda. Hensley.			
Father's Name	David Ashley			Father's Birthplace	Md
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis  
Bronchitis

(91)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

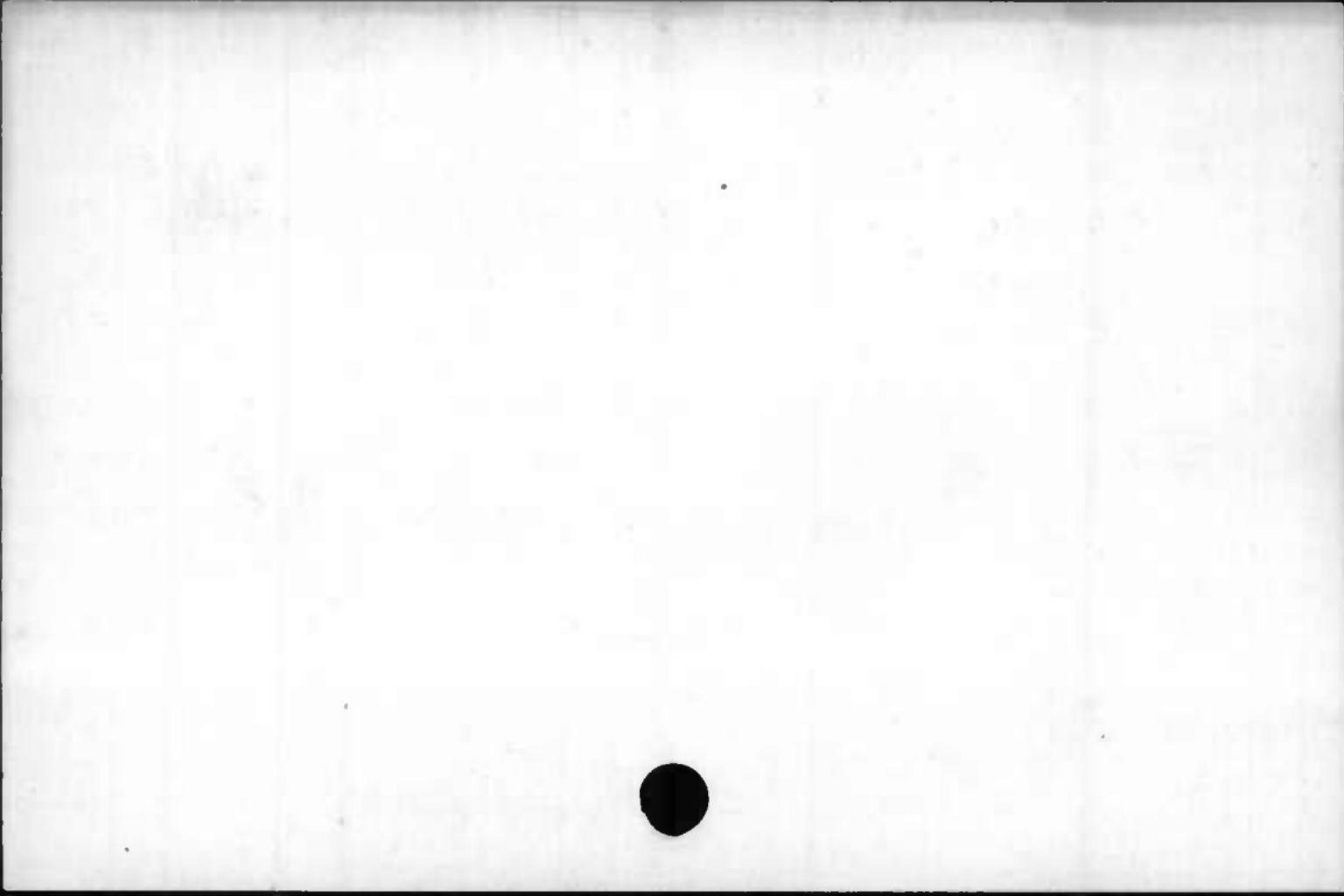
Address

H. M. Jeter.

Millington, Md.

Accident or Suicide?

Yes to former and P  
act by coroner



Name  
in  
Full

Henry Blackstone Ball

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months Days	
Sex	Color or Race	white	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Christopher C Ball					Father's Birthplace
Mother's Maiden Name	Dena Willey					Mother's Birthplace
Name of person giving information	Mr Ball					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	thyroid fail	How long	31 days.
Immediate	Hypotatic congestion of lungs	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Gloria Barwick.
		Address	Kennedyville Ind
Resident or Suicide?			

Princess Anne.

Name  
in  
Full

Daniel Baynard

## CERTIFICATE OF DEATH

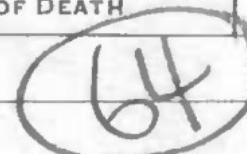
TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Died at	Galina	Buck			
Date of death	1906 Dec	Month	Day	Years	Months Days
Sex	Male	Age	27	70	
Occupation	Laborer	Color or Race	Black		Birth-place
Married, Single or Widowed	married	Name of Wife or Husband	Susan Baynard		
Father's Name	—			Father's Birthplace	—
Mother's Maiden Name				Mother's Birthplace	—
Name of person giving information	Frank Baynard			How related to deceased	Son

## CAUSES OF DEATH



Primary

How long

Immediate

Apoplexy

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry Pass acting Coroner  
Galina Md

Accident or Suicide?



Name  
In  
Full

Baby Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Coleran	Glen					
Date of death	Month	Day	Years	Months	Days	
1906	Dec	80	—	—	1	
Sex	Male	Color or Race.	Black	Birth-place	U. S.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Perry Brown	Father's Birthplace Md.				
Mother's Maiden Name	Mary Brown	Mother's Birthplace Md.				
Name of person giving Information	Perry Brown.	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart failure.		How long a few hours.
Immediate	(initials)		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician W. S. Maxwell.	Address Still Pond. Md.
Accident or Suicide?			

Coleman

16 16

Name  
in  
Full

Wilham Chambers

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Fleeta A. Freeman			
Father's Name				Father's Birthplace	
Mother's Maiden Name	Joseph Chambers			Mother's Birthplace	
Name of person giving information	Fleeta A. Freeman			How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia		91	How long
	Immediate	Senile arteriosclerosis			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank W. Smith Frederick	
			Address		
Accident or Suicide?					

Georgetown

Name  
in  
Full

Julia A Clark

CERTIFICATE OF DEATH

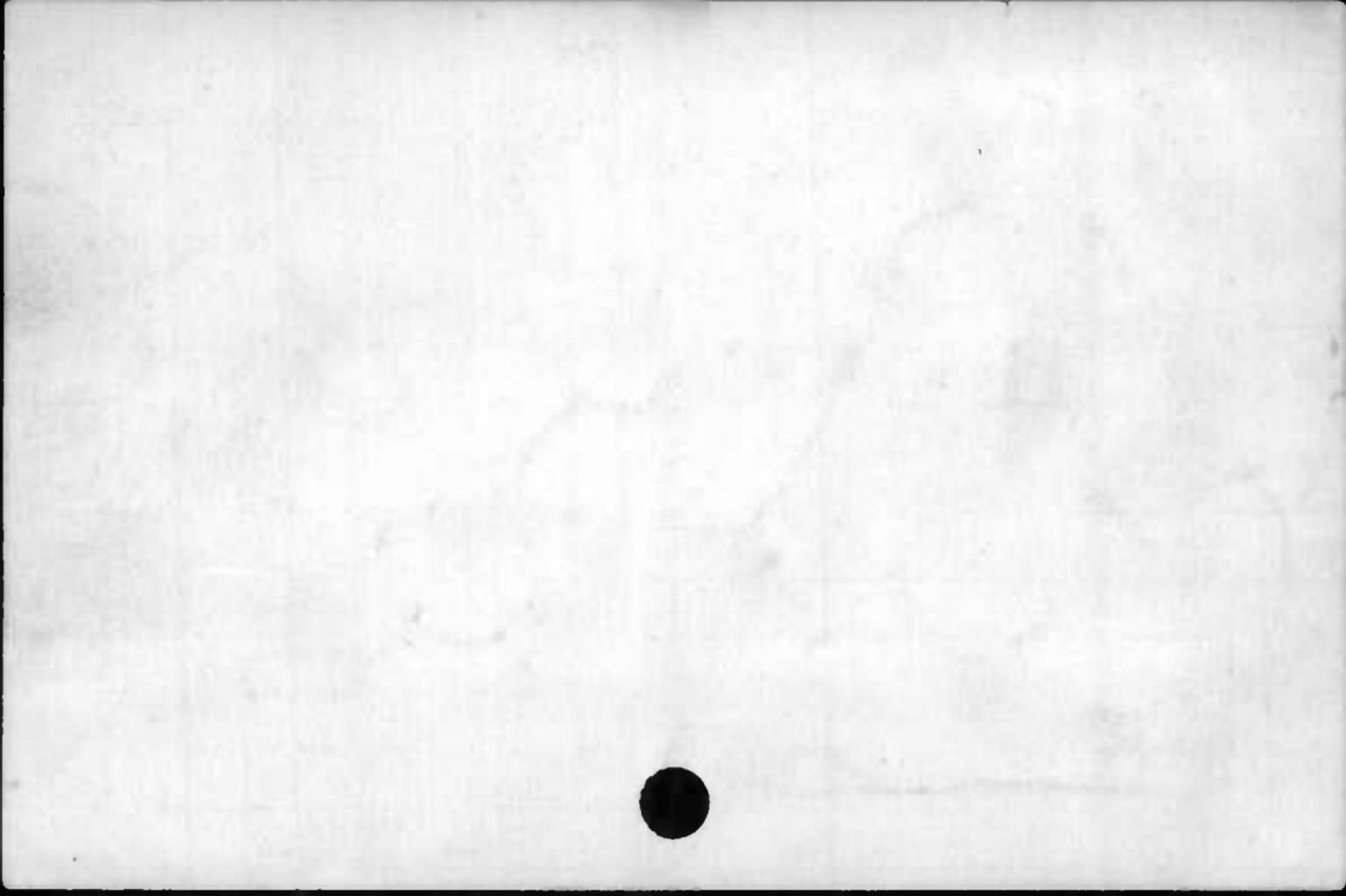
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Pomona	County Kent	MARYLAND
Date of death 1906	Month Dec	Day 17	Years Age 70
Sex Female	Color or Race White	Birth- place Md	Months
Occupation Housewife	Where Residing if not at place of death		
Married, Single or Widowed Widow	Name of Wife or Husband		
Father's Name John Endaay	Father's Birthplace Md		
Mother's Maiden Name Julia Green	Mother's Birthplace Md		
Name of person giving Information Mrs. Mrs. Anthony	How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cirrhosis of Liver	How long 15 yrs.
Immediate Exhaustion	How long Several weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address W. J. Sumner Chester town
Accident or Suicide? No	



Name  
In  
Full

Mrs. Milly White Copper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mrs. Kennedyville Md			
Father's Name	Joshua Copper.			Father's Birthplace	sud
Mother's Maiden Name	Elizabeth Woodall			Mother's Birthplace	sud
Name of person giving information	Mr. J. R. Cooper.			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General debility of old age

(54)

How long

3 weeks

Immediate

Exhaustion,

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. L. Barronick

Address

Kennedyville  
Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Ozecekiel Henry Wagner

Died at <sup>Town</sup> Dear Philadelphia<sup>County</sup> Huff

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1906	Dec.	12	Age 68	-	-
Sex Male	Color or Race	White	Birth-place	3rd	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed My	Name of Wife or Husband Sarah C. Wagner	Father's Birthplace	3rd		
Father's Name Horace Wagner	Mother's Birthplace				
Mother's Maiden Name	How related to deceased				
Name of person giving information Richard Wagner	Son				

## CAUSES OF DEATH

(Bad Stroke) Paralysis Left Side

How long 3 days

Immediate Throat

How long

Are the name, age, sex, color, date and place correctly given above?

yes

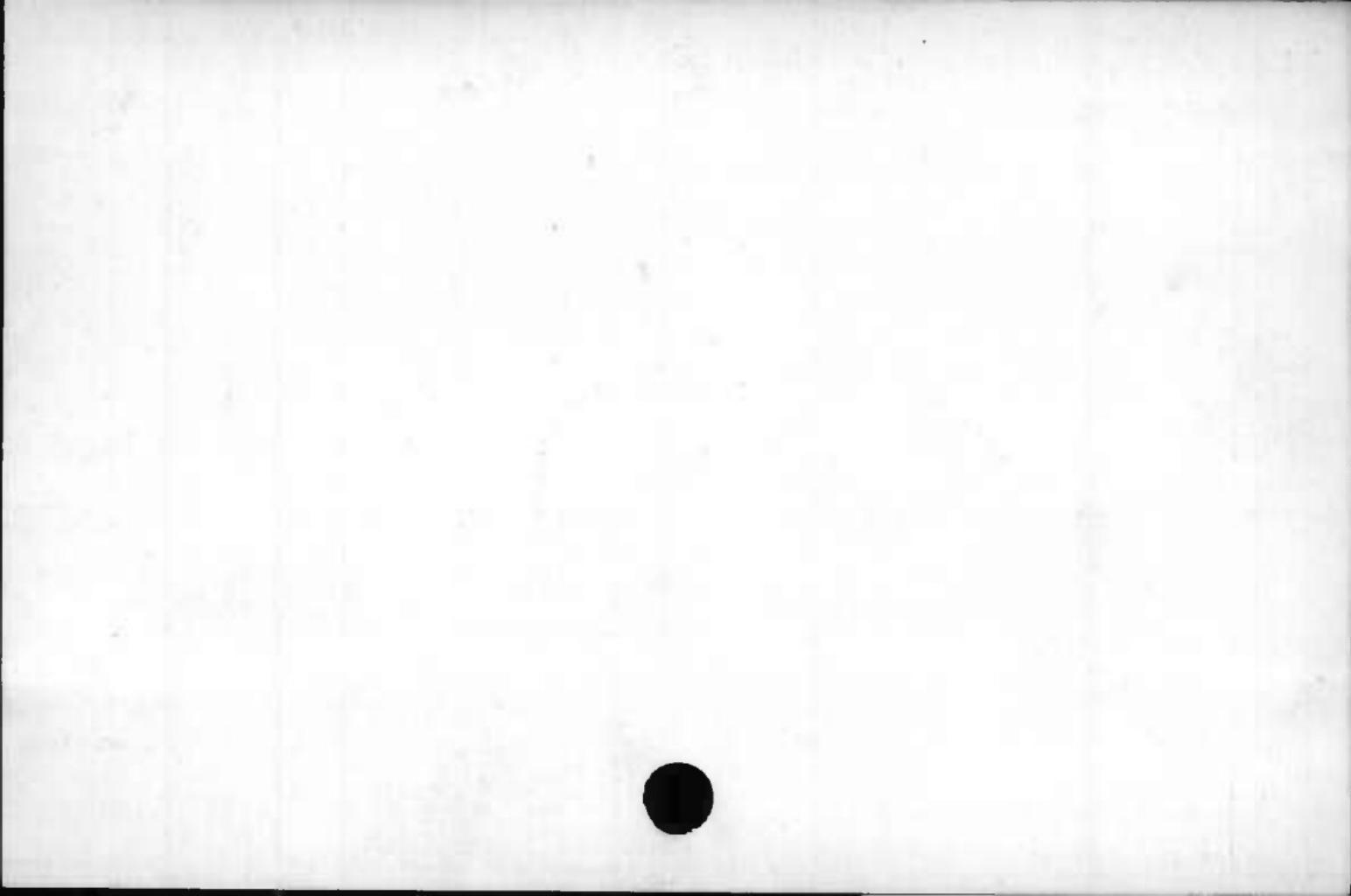
Signature of Physician

Frank S. Lund

Address

300 E. Market St.  
Baltimore Md

Accident or Suicide? No



Name  
in  
Full

George Hriske

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Age	Color or Race	Months Days
Occupation	Where Residing if not at place of death		
Married, S or Wid.	Name of Wife or Husband	#202 Barneg St. Balto.	
Father's Name	Mrs. Belle Hriske		
Mother's Maiden Name	Balto.		
Name of person giving Information	Balto.		
	wife		

Chas. Hriske

not known

Mr. Billie Hriske

✓

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

about 8 months

Immediate

Acute nephritis

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

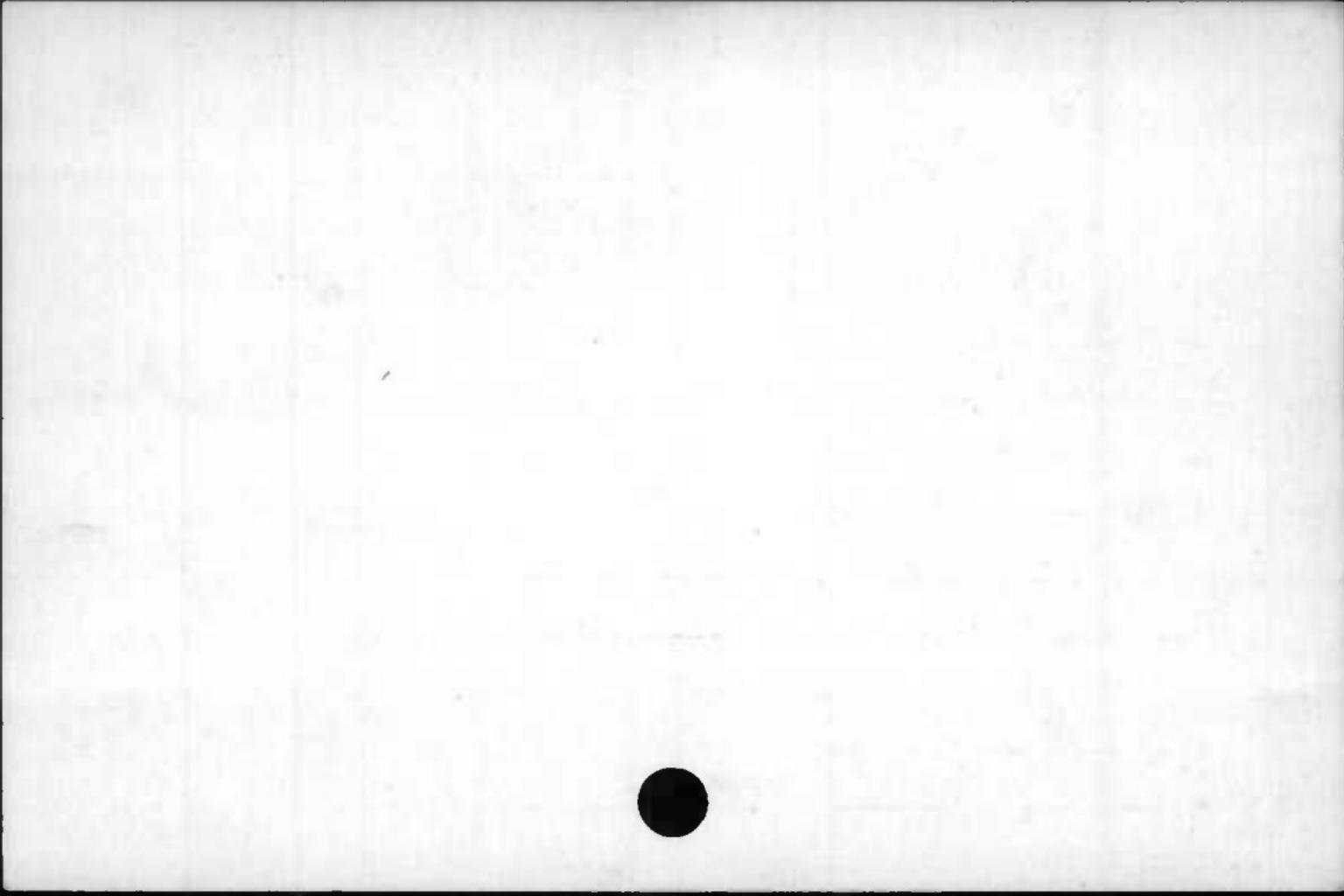
Signature of Physician

Frazer B. Hriske

Address

Chestertown Md.

Accident or Suicide?



Name  
in  
Full

Chas. F. Hessey

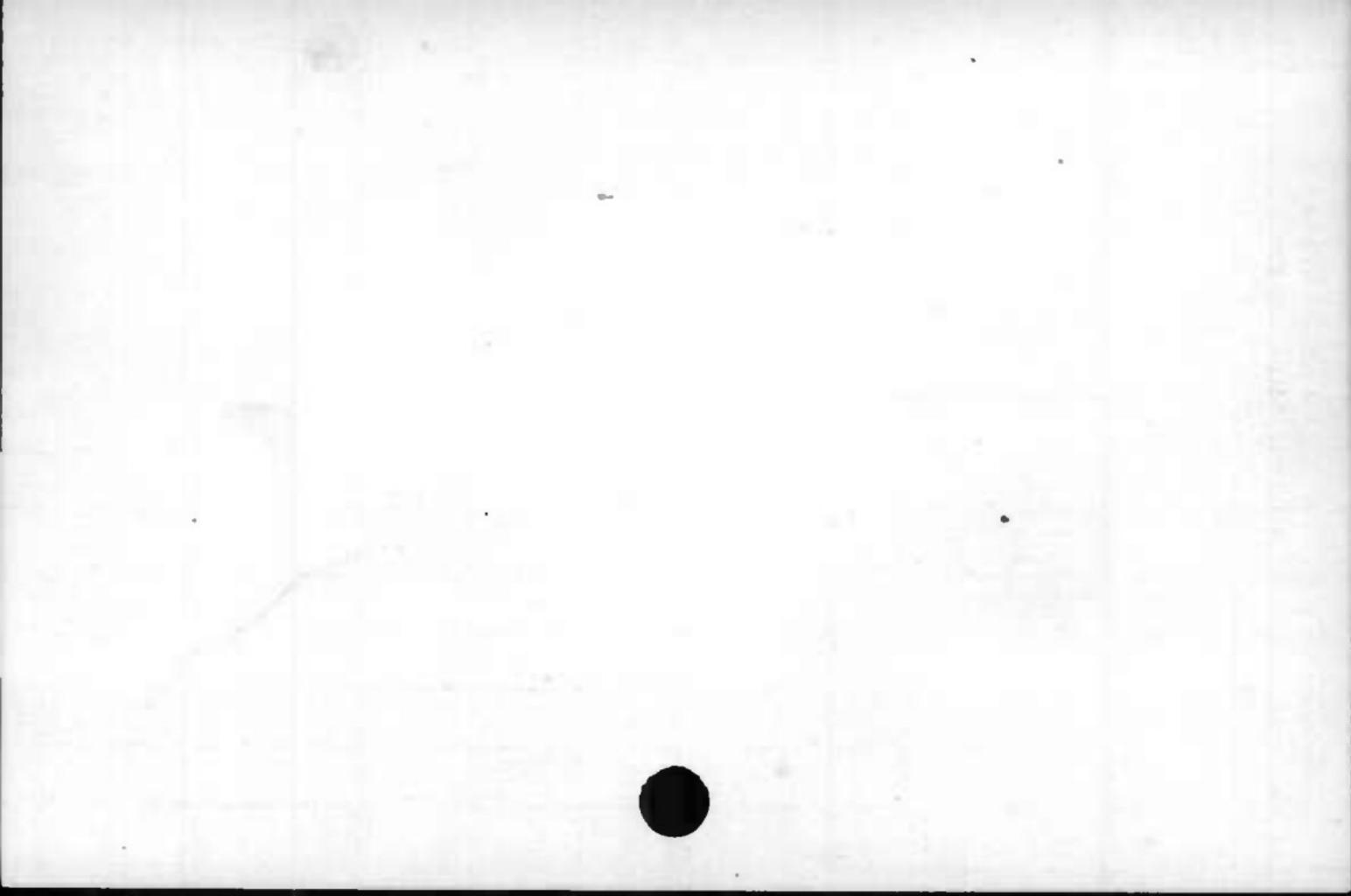
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Georgetown</u>		Town	County <u>Kent</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>4</u>	Age <u>None</u>	Years	Months <u>6</u> Days <u>-</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Kent Co. Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Bapt. Hessey</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Annie Lithian</u>	Mother's Birthplace <u>St. Louis Mo.</u>				
Name of person giving information <u>Bapt. Hessey</u>	How related to deceased <u>father</u>				

## CAUSES OF DEATH

Primary <u>Chicken Pox.</u>	①	How long <u>two weeks</u>
Immediate <u>acute nephritis</u>	②	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>J.W. Lofrin M.D.</u>
		Address <u>General Disp.</u>
Accident or Suicide?		



Name  
In  
Full

James Hodges

12/14/11

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	74
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Kent Co Md	
Father's Name	Perry Hodges	Father's Birthplace	Kent Co Md
Mother's Maiden Name	Mohah. Reet.	Mother's Birthplace	Kent Co Md
Name of person giving information	Horn. Hodges.	How related to deceased	Brother

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Bronch. Bright's Disease

How long

6 years

Immediate

Exhaustion

7 days

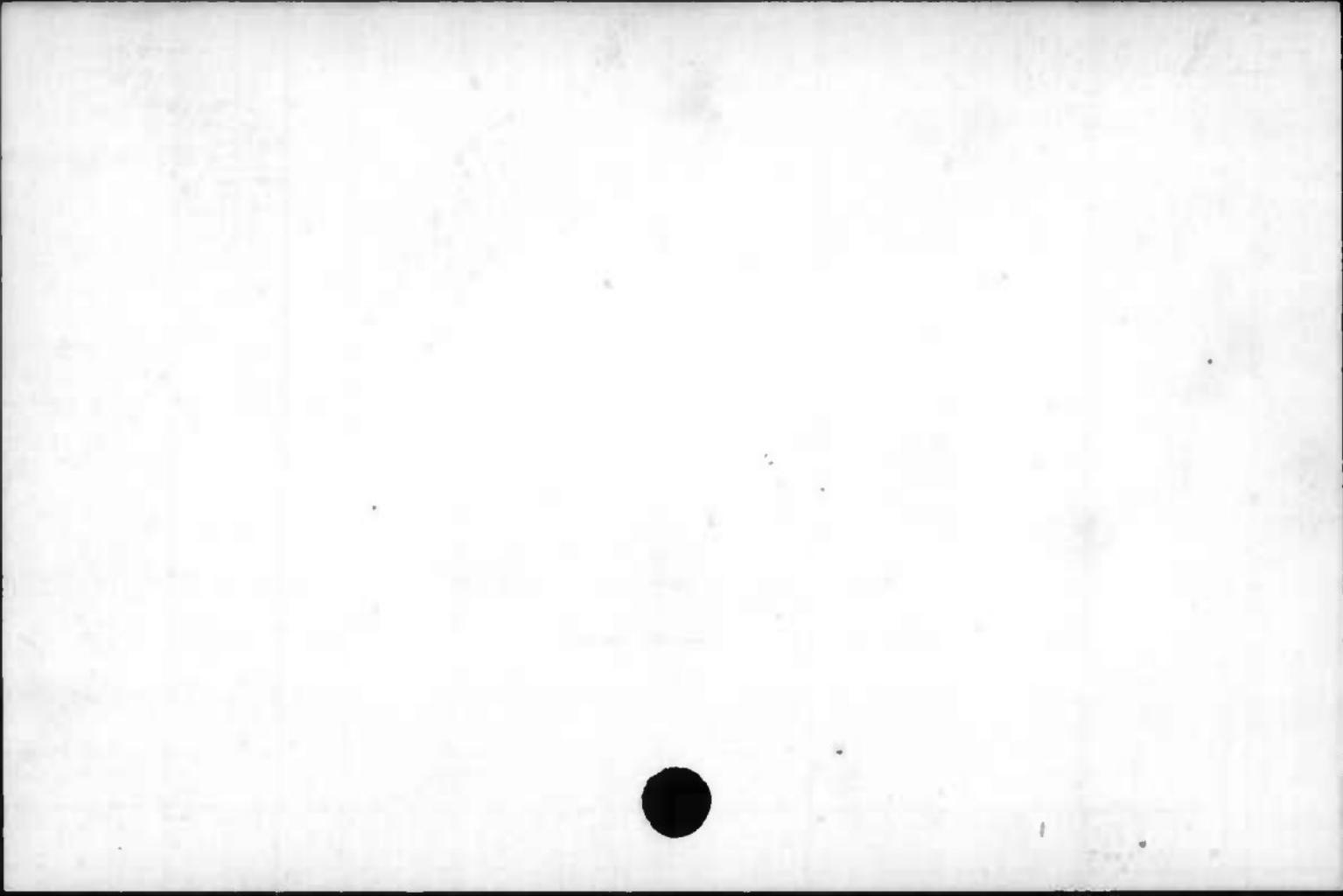
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

6 Wappoland Rd  
Hector, Minn

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

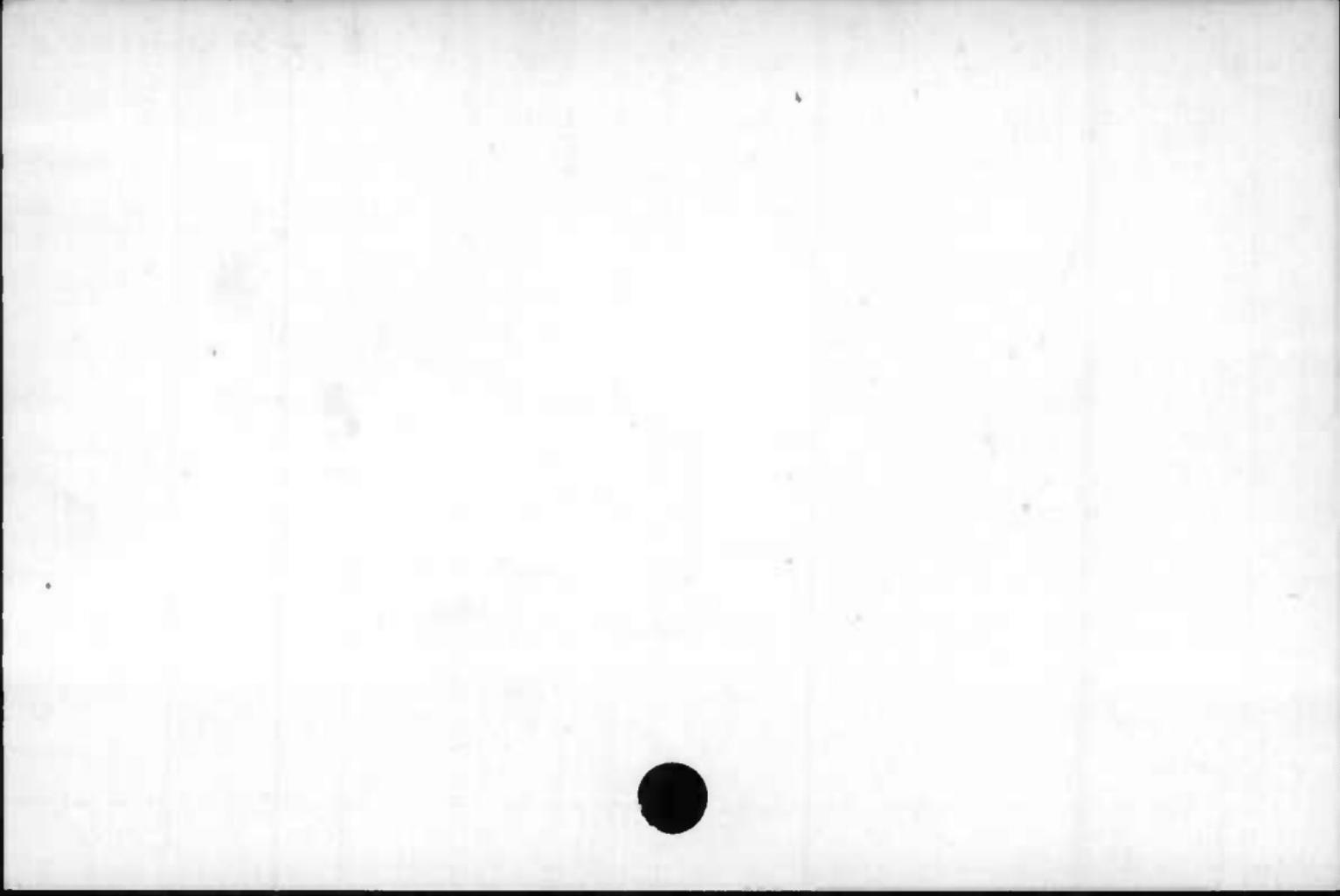
Primary	Tuberculosis		How long
Immediate	11 1		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Jeffers

## CERTIFICATE OF DEATH

Died at	Town Rock Hall	County Kent	MARYLAND		
Date of death	Month Dec	Day 9	Years 75	Months —	Days —
Sex	Male	Color or Race	White	Birth- place	Harford Co. Ma
Occupation	Labour				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Mary E Steenburg				
Mother's Maiden Name	Benjamin Jeffers				
Name of person giving Information	Sarah Casey				
	Father's Birthplace				
	Mother's Birthplace				
	How related to deceased				

## CAUSES OF DEATH

Gastro Intestinal Malabsorb (D9)

How long

6 months

Primary

Ephemeris.

How long

3 days

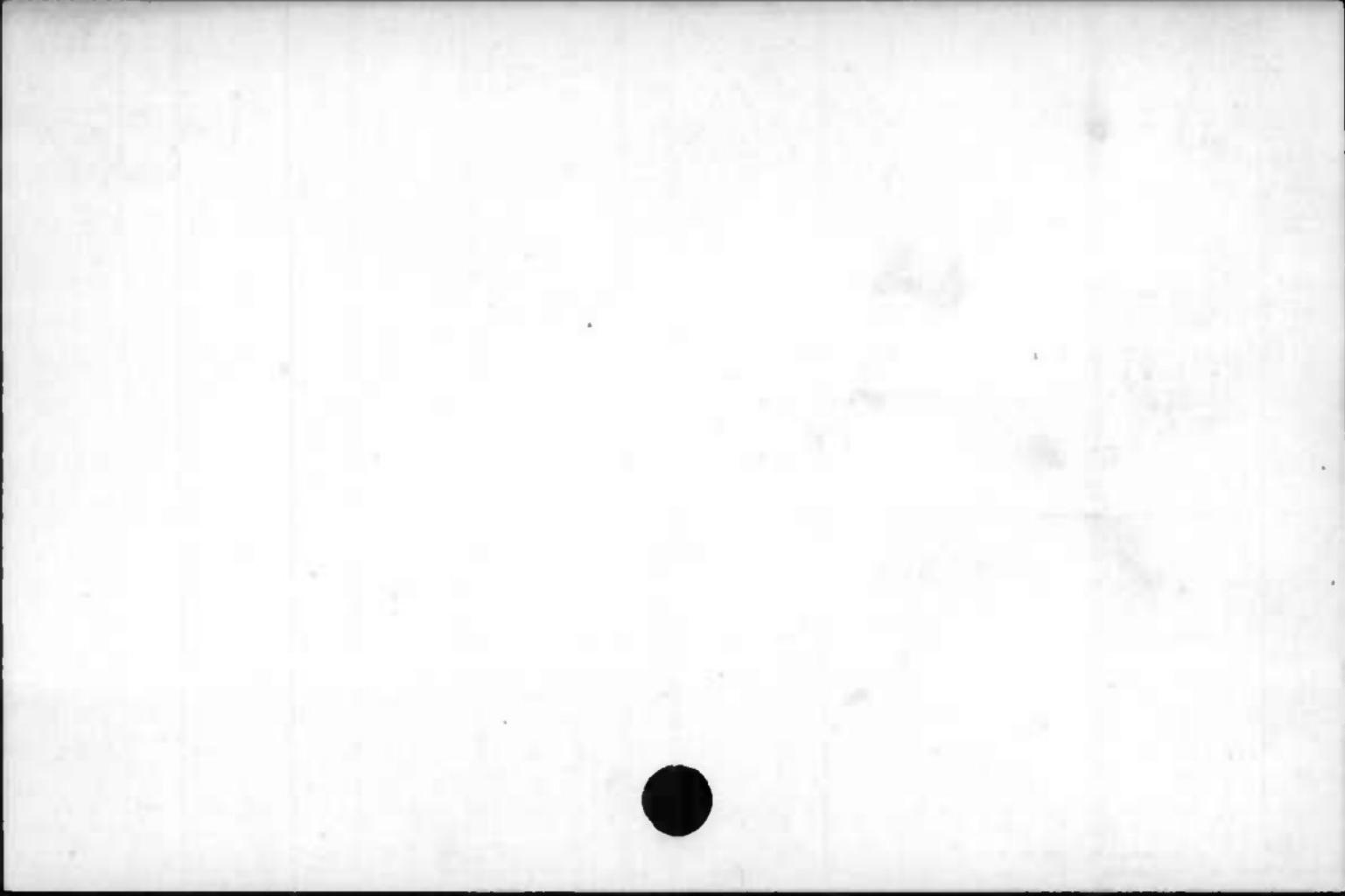
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. R. Geale M.D.  
Rock Hall Md.

Accident or Suicide?



Name  
in  
Full

Emily Virginia Kelley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	52	7	13
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Melliflota			
Father's Name	J. St. Kelley				
Mother's Maiden Name	Sarah Coleman				
Name of person giving Information	J. St. Kelley				
CAUSES OF DEATH					
Primary	Uterine Cancer (X)				
Immediate	Cervical Cancer of Pelvic floor, Don't know 1 year.				
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		A. Bangs Simons			
Address		Chester Town Md			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide?

Still Out

Name  
in  
Full

Mary Barkly Kilbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Edesville		Carroll	4	7	
Date of death	Month	Day	Years	Months	Days
1906	Mar	31	Age 62	4	7
Sex	Color or Race	Birth-place			
Female	white	Kent & Md			
Occupation	Where Residing if not at place of death				
Housewife	Edesville Md				
Married, Single or Widowed	Name of Wife or Husband				
Widow	Jeanne Kilbourne				
Father's Name	Father's Birthplace				
John Victor	Kent & Md				
Mother's Maiden Name	Mother's Birthplace				
Mary Barkly	Balte.				
Name of person giving information	How related to deceased				
John V Kilbourne					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arterio - Sclerosis

(8)

How long

Several yrs

Immediate

Pneumonia & debility

How long

2 m -

Are the name, age, sex, color, date and place correctly given above?

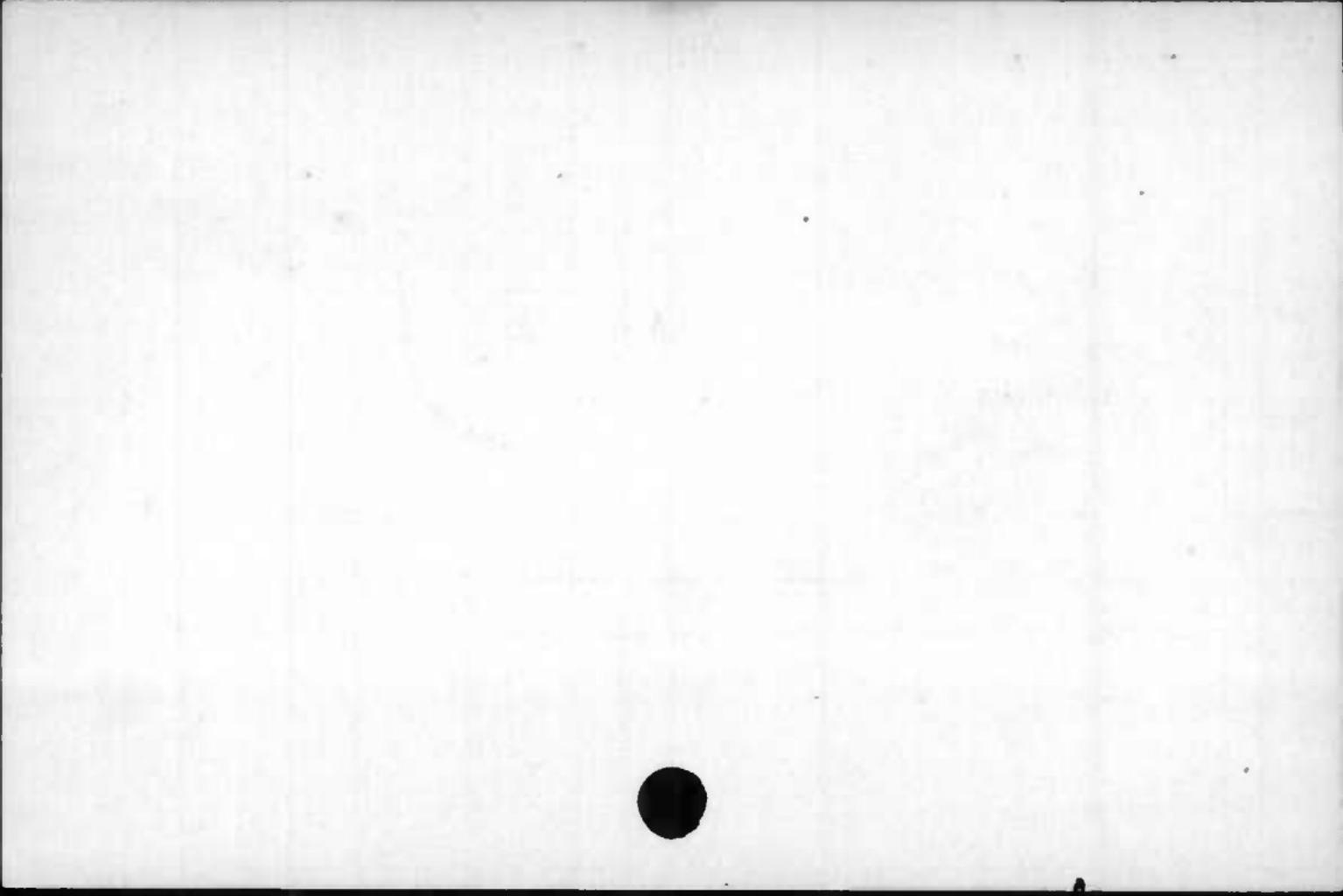
Yes

Signature of Physician

Address

Frank Hayes  
Chesterfield  
Md

Accident or Suicide?



Name  
in  
Full

Robert Steinball

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Near Sharpton</u>	Month <u>dec</u>	Day <u>12</u>	Age <u>79</u>	Years <u>2</u>	Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>21 S.</u>			
Occupation <u>retired</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>Unknown</u>	Father's Birthplace				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace				
Name of person giving information <u>H. P. Jewell</u>	How related to deceased <u>nephew</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

5 days

Immediate

Pneumonia

How long

5

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Bangs Simmons  
Chestertown Md

Accident or Suicide? No.

~~Still Pond.~~

Name  
in  
Full

William Robert Pennington

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

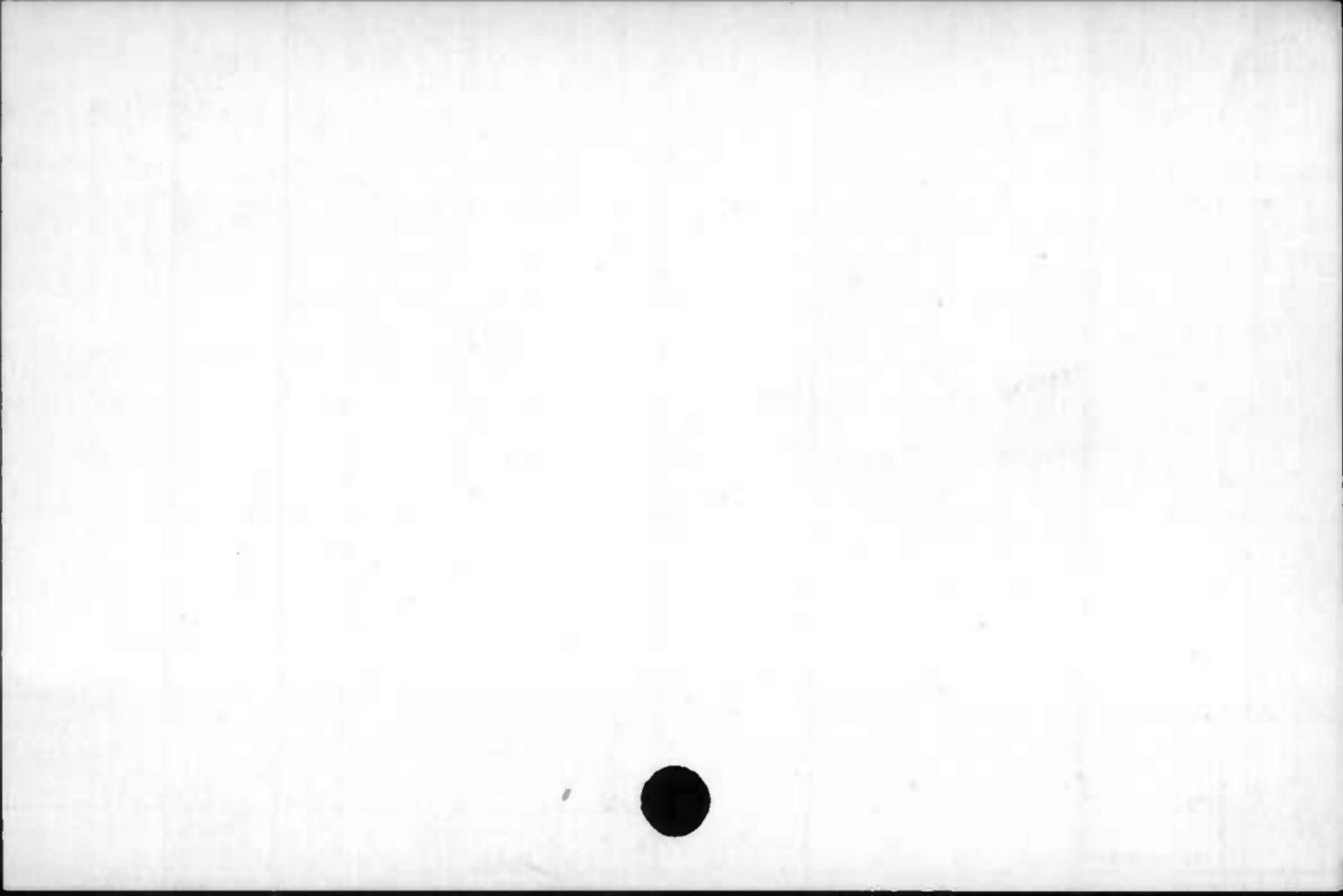
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Jane Rebecca Barron			
Father's Name	Edward Pennington				
Mother's Maiden Name	Jane Tracy Pennington				
Name of person giving information	Jennie S Cokshard				

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	General debility		How long	of months
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mather Ozellay Jr	
		Address	Rock Hall Md	
Accident or Suicide?				



Name  
in  
Full

James Rosino

CERTIFICATE OF DEATH

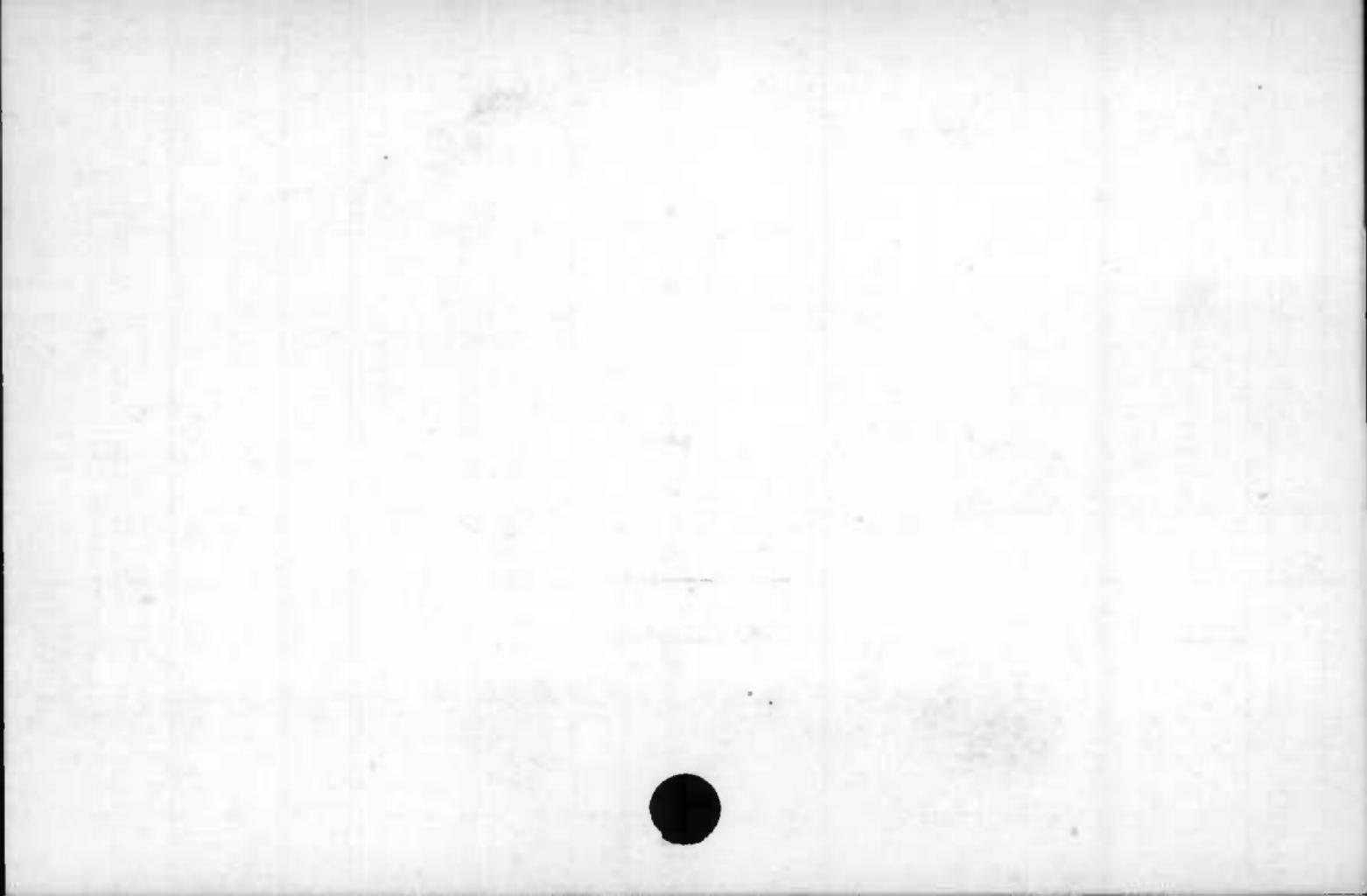
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Kent Co., Ind.	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	do not know			
Mother's Maiden Name	do not know			
Name of person giving information	Joseph Blase			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brain clot	(64)	How long	10 days
Immediate	Paralysis		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Edward A. Scott,	
		Address	Galena, Ind.	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY

PHYSICIAN  
OR CORONER

NEAREST FRIEND OR  
MILITARY ATTACHE

(Baby) Sewall

CERTIFICATE OF DEATH

MARYLAND

Town Died at Near Millington	County Kent	MARYLAND		
Date of death 1906 Dec	Month Dec	Day 6th	Age Years	Months Days
Sex Male	Color or Race Colored	Birth- place Kent and		
Occupation —	Where Residing if not at place of death —			
Married, Single or Widowed Baby	Name of Wife or Husband —	Father's Name Manuel Harris	Father's Birthplace Kent Co. Md	
Mother's Maiden Name Lizzie Sewell		Mother's Birthplace Kent Co. Md		
Name of person giving Information Lizzie Sewell		How related to deceased Mother		

CAUSES OF DEATH

Primary

Still birth

How long  
—

Immediate

Signature of  
Physician

Address

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide?

J. P. Townsend MD  
Millington  
Md

undertaker Samuel Harris

Shinn -

Died at	Town	County				MARYLAND	
1906	Cliffs	Choptank					
Date	Month	Day	Y.	M.	D.	Native of	
	Dec	12	—	—	—	Md	
<input checked="" type="checkbox"/> Male	White	Age				Occupation	
<input type="checkbox"/> Female	Colored	Married	Widow				
		Single	Widower	Number of children living			
Husband							
of							
Wife							
Father's							
Name	B. Frank Shinn	106	Mother's Name	Sarah R. Shinn -			
Cause of	Primary	Compressing Brain					How long sick
Death	Immediate	Injuries incident to force of delivery					one day,
Reported by	Harry L. Dade, M.D.,					Accident, Suicide, Homicide	
Address	Chesterlawn, Md.						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bernice Spencer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Salina</u>	Town	County <u>Kent</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>6</u>	Age <u>2</u>	Years	Months <u>2</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Kent Co., Md.</u>		
Occupation	Where Residing if not at place of death					
<u>Married, Single or Widowed</u>	Name of Wife or Husband					
Father's Name <u>John Spencer</u>	Father's Birthplace <u>Kent Co. Md</u>					
Mother's Maiden Name <u>Emma Blackiston</u>	Mother's Birthplace <u>Kent Co. Md</u>					
Name of person giving Information <u>John Spencer</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

(93)

How long

Immediate

Pneumonia

24 hr

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward A. Scott.  
Salina, Md.

PHYSICIAN OR CORONER

Accident or Suicide?



Name  
In  
Full

Mary Wright -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Dec	13	10	-	-
Sex	Female	Color or Race	Black	Birth-place	Kent Co Md
Occupation				Where Residing if not at place of death	Kent Co Md
Married, Single or Widowed	—			Name of Wife or Husband	—
Father's Name	George Wright			Father's Birthplace	Kent Co Md
Mother's Maiden Name	Mary Starbuck			Mother's Birthplace	Kent Co Md
Name of person giving information	Mary Wright			How related to deceased	worker

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Peritonitis Abscess  
How long one week

Immediate Hemorrhage - exhaustion.

(101)

How long

one week

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

S E Barwick

Address

Kensingtonville  
Md

Accident or Suicide?

